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POWER OF ATTORNEY	Applicat	tion Number	10/724,2	10/724,209	
AND CORRESPONDENCE ADDRESS	Filing D	Filing Date		ber 1, 2003	
INDICATION FORM	First Na	med Inventor	or Jon ADI	LER	
Address to: [IF APPLICABLE: MAIL STOP OIPE] Commissioner for Patents	Title	POTENTIAL	RECEPTOR BINDING ASSAYS THAT IDENTIFY POTENTIAL BITTER TASTE MODULATORY COMPOUNDS		
P.O. Box 1450 Alexandria, VA 22313-1450	Art Unit		1649		
	Examine	Examiner Name		. ULM	
	<b>.</b>	Docket No.	1 .		
I hereby revoke all previous powers of attorney give	n in the a	bove-identi	fied applica	ation.	
Practitioners associated with the Customer Number:  OR  Practitioner(s) named below:  21967					
Name		Registrati		tion Number	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.  Please recognize or change the correspondence address for the above-identified application to:  The address associated with the above-mentioned Customer Number 21967  OR					
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Firm or Individual Name					
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City		State		Zip	
Country Telephone		Facsin	mile		
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Typed or Printed Name Mark Zoller, Ph.D.			Date	November 16, 2007	
Title and Company Exec. VP of Discovery & Deve	/elopment	and CSO	Telephone	(858) 646-8300	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more					
than one signature is required, see below*.					
Total of 1 forms are submitted.					